V. S. No. 1

infor-

PHYSICIANS should state

of OCCUPA

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

TATE OF MAR	(LAND-CERTIFIC	CATE OF DEATH
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2011

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Charles	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME reland fedams	
(a) Residence: No. Waldoof Mg. (bual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male  4. COLOR OR RACE OR DIVORCED (princ the word)  Manuel  5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (princ the word)	21. DATE OF DEATH  January 28  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (a) HIPP A Mughasalie adoms	22. I HEREBY CERTIFY, Thet I attended deceased from ,19,19
6. DATE OF BIRTH (month, day, and year) Act, 23-1906	I last saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
30 3 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bottler SAWYER, BOOKKEEPER, etc.	Uate or onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month end	
year) /08-3/ occupation /D	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Charles County	
II 13. NAME O. P. adamio	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country) Charles Vs. 1014.	Whet test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Lola V. Jicheral	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Lola V. Picheral  16. BIRTHPLACE (city or town) Chaseo.	Accident, suicide, or homicide? Seekeele Date of injury 1/28, 1937
2 (State or country) was (Fet her	Where did injury occur? Illus le al dog Dog (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) graedor, we	Cublic Goad.
18. BURIAL, CREMATION, OR REMOVAL Place Waldorf and. Dete 1/29, 1937	Manner of injury Sun That Wound in head  Nature of injury
19. UNDERTAKER Heintt and Syon. (Address) waldowl Add.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 1-29, 137 m. R. Mours.	(Signed) L.N. Carlett Loroner M. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week agó
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
151 ks = / 1 - 15 - 15			
		ų.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED FOR

No. I

PLACE OF DEATH County D warles	STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND STATE OF DEATH Registration Dist. No. 46402
Village or City Invusible (No. Banne	St.: Ward) (If death occurred in a hospitul or institution, give Its NAME Instend of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Old Single, Married, Married, Married, Widoweb, Charried (Write the word)	16 DATE OF DEATH    ON 25, 193   Year     Olonth   (Day) (Year
6 DATE OF BIRTH  (C.Ionth) (Day) (Year'	17 I HEREBY CERMFY, That I attended the deceased from 192 4 to 1927, that I lest sew h Malive on 1936,
7 AGE  3 5 yrs. 7 mos. 9 ds. or min.?	The CAUSE OF SEATH * was es follows:
(a) I rade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Deceased Gell on store, inning han force arms of chest.  No Inning hilding involved (Duration) yes more do.
which employed or (employer)  B BIRTHPLACE (State or country) Charles Co. Md.	Contributory Existing yes mos ds.  Contributory Secondary  (Duration) yes mos de.
10 NAME OF Willie Moulgomery	(Signed) Lev. C. Becknell M. D.  Gand 693 7 (Address) Markey Ind.
(State or country) Charles Cv. Md.	*State the Disease Causing Death, or, Un deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) Charles Cv. Md.  12 MAIDEN NAME Posie Spent.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER (State or country) Charles Co. Ind.	ienta or Recent Residents)  At place In the of death yrs
(Informant) Rose Mortgonery	Where was disease contricted, if not at place of death?  Former or  usual residence.
(Address) Ironeioles, Mag.	porcenter and fam h 7, 19 3 7.
Filed Jaw. 26 1937 Mary Suuttulum Registra	Slandy Penny Pingal Ind.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change er," etc., without more precise specification as Lay laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Spinner, additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House Never return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. (e) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons mer, (b) Cotton mill; (a) Solesman. (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tetinus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was under "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or misearriage causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be . .... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by roilway train— accident; Revolver wound of head—homicide; Poisoned by Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, meninterstitial nephritis, Chronic and consequences (e.g., sepsis, Carcinoma, Sarcoma,, etc., et Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 382
1. PLACE OF DEATH County Charles	119
	Registration Dist. No. 102
Village or City Hilltop	No
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infaith Neury Tues	mildred Bell.
(a) Residence: No. 7 Leltus Med (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)  Cufacid	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	1 last saw h alive on
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 6:35 p.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or perticular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Os obusing Monotorum. Jus.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
- I shell till till and a shell till till a	
year) occupation	Other Contributory Causes of Magortence:
12. BIRTHPLACE (city or town) Williams	Placenta Viero Warginolis.)
(State or country) Class. Co w.l.	breech prim
13. NAME Course	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	
15, MAIDEN NAME Sul de Boop Plat	Whet test confirmed diegnosis? Was there an autopsy?
The state of the s	29. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jewy Source (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place January me Date Jan 9 1937	Neture of injury
19. UNDERTAKER BING FI Bouier	24. Was disease or injury in any way related to occupation of deceased?
(Address) will come me	If so, specify
20. FILED Juglas 7 Il V Hampson Registrar.	(Signed) M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Date of onset		of importance were as follows:	
Chronic interstitial nephritis FEB 5 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

N. B.—WRITE PL.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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207

Length of residence in day of town where death occurries to synce.  (If death occurred in a horpital or institution, give its NAME intered of street and number)  (a) Residence: No. 10. 34. 4. 600 no RACE  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  (Ward.  (If death occurred in a horpital or institution, give its NAME intered of street and number)  (Usual place of abodo)  St., Ward.  (If done of the companies of the compan	1. PLACE OF DEATH	600
Length of residence in day of town where death occurred to yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. d	County Charles	Registration Dist. No. 101
Length of residence in Gy of lown where death occurring the Syrs	Village or City Pusquh	
(a) Residence: No. 100 gallous of abode)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX Mall  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, MR BY BYONCED comic this words)  Sa. If married, widowed, or diverted only wife of which and a sex of the complete of the words of which th	7 //	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. c.	2. FULL NAME Laward / deston	
2. If married, widowed, or divograd HUSANDO AND COLOR RACE S. SINGLE, MARRIED, WIDOWED S. If married, widowed, or divograd HUSANDO HUSANDO S. If married, widowed, or divograd HUSANDO HUSANDO S. If married, widowed, or divograd HUSANDO HUSANDO S. AT OF BIRTH (month, day, and year)  I hat saw harm alive on. Jalu John		
S. If married, widowed, or divogided (Month)  (Day)  (Wear)  S. DATE OF BIRTH (month, day, and year)  (Day)  (Day)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Month)  (Month)  (Month)  (Day)  (Month)  (Mont	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of Cory Wife of Manual Color of Cory Wife of Color of C	OR DIVORCED (write the word)	Van 20 1937
TAGE Years Months Days II LESS than I day. hrs. or min.  ACT Trade, profession, or particularly and of work dona as SPKINER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  It is birthplace (city or town).  (State or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata or country)  It is, BIRTHPLACE (city or town).  (Stata	5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Many Boston	22. I HEREBY CERTIFY. That I attended deceased from Jan. 19. 1937 Chel Court Only 19
Trade, profession, or particular wind of work dome as SPINER, SAWER, BOAKEPER, etc.  10. Date doceased isst wysked at this occupation (youth and your doceased is the profession).  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DE BENOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  (Signed)  19. W. Signed)  19. W. Signed  (Address)  (Address)  19. W. Signed)  19. W. Signed  (Address)  (Address	6. DATE OF BIRTH (month, day, and year augustuown	I last saw have live on Wan 19 1977; death is said
Trade, profession, or particulars, which was the or work down, as SP MNER, SANYER, SOPKEEPER, No.  1. Industry or business in which work was done as SILK MILL, SMW MILL, BMK, M	/ / / / /	
Trade, profession, or particularly as SPRINER, SAWYER, BOOKKEPER, dc.    Industry or business in which work was done, as SILK MILL.   SAWIER, BOOKKEPER, dc.    Industry or business in which work was done, as SILK MILL.   SAWIER, BOOKKEPER, dc.    Industry or business in which work was done, as SILK MILL.   SAWIER, BOOKKEPER, dc.    Industry or business in which work was done, as SILK MILL.   SAWIER, BOOKKEPER, dc.    Industry or business in which work was done, as SILK MILL.   SAWIER, BOOKKEPER, dc.    Industry or was done, as Control of Sawier, as done, as Control of		fundo an fallows:
Industry or business in which work was done as SILK MILL, BANK, etc.  1D. Date deceased last wayked at spannt in was occupation (month and years)  12. BIRTHPLACE (city or town)  (State or codentry)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DR BENOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Data of operation  What test confirmad diagnosis?  Was there an autopsy?  20. FILED Comm. 2(., 19.3.2 Manny Southers)  Manner of Injury  Name of operation  What test confirmad diagnosis?  Was there an autopsy?  21. Informant  (Specify city or town, country and State)  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Nature of injur	8 Trade, profession, or particular kind of work dona, as SPIENER, SAWYER, BOOKKEEPER, dc.	Uculz cardino failure 1-19-3,
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR BENOVAL  Place  19. UNDERTAKER  19. UNDERTAKER	J. Industry or business in which work was done, as SILK MILL.	<b>A</b>
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DE BEMOVAL  Place  (Address)  19. UNDERTAKER  Place  (Address)  19. UNDERTAKER  Place  (Address)  10. FILED  20. FILED  11. NAME  12. Sharthplace (city or town)  (State or country)  18. Survival  (Address)  19. UNDERTAKER  Place  (Address)  19. UNDERTAKER	10. Date deceased last worked at this occupation (month and 3) spant in this occupation (month and 3) occupation (coupation)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMITION, DR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  21. 19 37 Marry  Substitute  Name of operation  What test confirmad diagnosis?  Was there an autopsy?  What test confirmad diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury  Whera did injury occurr?  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. Whore a did injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  A FIELDS  (Address)  M. C. JUSN  (Address)  M. C. JUSN  (Address)  M. C. JUSN  (Address)	12. BIRTHPLACE (CITY or town ashuston D.C.	physic Lup cardillo
What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Date of injury.  Where did injury occurr?  (Specify city or town, county and State)  Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury.  Nature of injury.  Nature of injury.  19. UNDERTAKER  Accident, suicide, or homicide?  Where adid injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  If so, specify  (Address)  A. FIELDS  (Signed)  A. FIELDS  (Address)  M. C. USN.  (Address)  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Meanner of Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Accident, suicide, or homicide?  Mera did injury occurr?  (Specify city or town, county and State)  Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Accident, suicide, or homicide?  Mera did injury occurr?  (Specify city or town, county and State)  Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Accident, suicide, or homicide?  Accident, suicide, or	I 13. NAME ALVOR OBLOW	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR BEMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address) (Address)  10. UNDERTAKER (Address) (Address) (Address) (Address)	14. BIRTHPLACE (city or town) (State or country)	
Whera did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR BEMOVAL Place  Place  Whera did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  Nassofis  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of Injury  19. UNDERTAKER  (Address)  No. Specify  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  INDUSTRY, in HDME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  M. C. JUSN.	15. MAIDEN NAME	
Whera did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR BEMOVAL Place  Place  Whera did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  Nassofis  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of Injury  19. UNDERTAKER  (Address)  No. Specify  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  INDUSTRY, in HDME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Address)  M. C. JUSN.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFDRMANT (Address) / 5 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	X (Stata or country)	Whera did injury occur?
Place ### Top Mcpata form 14, 1937  Nature of injury  19. UNDERTAKER Densy to Cofer (Address)  19. UNDERTAKER DENSY to	17. INFORMANT Welliams of Orong De (Address) 7. 72 7th STHW Washington De	Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
19. UNDERTAKER Of UNITY & Cofer (Address) Was disease or optive in any way related to occupation of daceased?  19. UNDERTAKER Of UNITY IN any way related to occupation of daceased?  19. UNDERTAKER Of UNITY IN any way related to occupation of daceased?  19. UNDERTAKER Of UNITY IN any way related to occupation of daceased?  19. UNDERTAKER Of UNITY IN any way related to occupation of daceased?  19. UNDERTAKER Of UNITY IN any way related to occupation of daceased?  19. UNDERTAKER OF UNITY IN any way related to occupation of daceased?  19. UNDERTAKER OF UNITY IN ANY WAY RELATED TO OCCUPATION OF UNITY IN ANY WAY WAY WAY WAY WAY WAY WAY WAY WAY WA	18. BURIAL, CREMATION, DR BEMÓVAL Place HILL John Michael Jonn 14, 1937	
20. FILED Com. 21, 1937 mary Suletteeler (Signed) J.A. FIELDS  (Address) Indian Hood Many Indian	19. UNDERTAKER Denny & Cofer	24. Was diseasa or night in any way related to accupation of daceased? NO
(Address) Indian Hand Many I and	20. FILED Jam . 21 , 1937 mary Switterland	(Signed) J.A. FIELDS Lt-Comdr. M.C. USN.
		(Address) Indian Hood Many Land

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis FFB 6 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
And the second s	Carried V			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor	

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properly classified.

certificate.

See instructions on back of

TION is very important.

B.-WRITE

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V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0)		-1
0	0	4

1	. PLACE OF DEATH	11-2
	County Charles	Registration Dist. No. / O-O
	Village or City Mc Conclue Md	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Meorge Cooper	
	(a) Residence: No. Me uneful mor	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. 5		21. DATE OF DEATH
	OR DIVORCED (write the word)	Jan 13 1937
_	If married, widowad, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
	O A T	, 19, to, 19
_	DATE OF BIRTH (month, day, end yaar) 04, 5, 1936	I lest saw h; daeth is said
7. /	IGE Yaers Months Days If LESS then	to have occurred on the date statad above, atm.
	ormin.	The PRINCIPAL CAUSE OF DEATH end related causas of importenca were as follows:
Z	8. Trade, profession, or particular kind of work done as SPINNER.	Date of onest
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	no physician when death
UPA	9. Industry or business in which work was done, as SILK MILL,	Come This Child had received
S	SAW MILL, BANK, atc	treatments at Children Hospital
this occupation (month end spent in this occupation		in Washington W.C. from description
	- Julgalination	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town) 10 434444444444444444444444444444444444	sulferno de mas a deshald
2	13. NAME George Cooker	Sufferion a deep cold
FATHER	14. BIRTHPLACE (city or town) Charles Co	Name of acception
FA	(Steta or country)	Name of operation Date of
ER	15. MAIDEN NAME MANY WILLIAM TO S	Whet test confirmed diagnosis? Was there an eutopsy?  23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Charles Cu	Accident, suicide, or homicide? Dete of injury 19
X	(State or country) Md,	Where did injury occur?
701 00 . 17.11		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT VI QUI NUCCONCIO MA		Specify whether injury occurred in INDOSTAT, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL, Complia		Manner of Injury
Place Mc Conclue Data Jan, 14, 1937		Nature of injury
**	HAPPOTANTO James Cooper	24. Was disease or injury in any way related to occupation of daceased?
19. UNDERTAKER (Addrass) MC Con the my		If so, specify
	Jan 13 31 6 100 in Mass	(Signed) & illian V. Posey Regulator
20.	FILED FOR 13 , 19 3   Registrar.	(Addrass) La Pleite Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

should state of OCCUPA-

PHYSICIANS Exact statement

properly classified.

mation should be carefully supplied. AGE should be stated EXACTLY

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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3	3	

1. PLACE O	F DEATH			8	
County	Charle	3		Registration Dist. No.	3
Village or (	city Lour	Kins	evelle	NoSt.,	Ward
				death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of res	sidence in city or town whera	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NA	ME SULL	01000	- Zol	elem	
(a) Resider	nce: No			St., Ward.	
		(Usual place		If nonresident give city or town and	State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	193 7
	175			(Month) (Day)	(Year)
5e. If married, wido HUSBAND of	wed, or divorced			22.   HEREBY CERTIFY, Thet   ettended of	deceased from
(or) WIFE of				, 19, to	
6. DATE OF BIRTH	(month, day, end year)	1-2	- 37	I last saw h, 19,	; death is seld
	ears Months	Deys	If LESS than	to hava occurred on the date stated above, atm.	
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
_   8. Trade, profe	ession, or particular	1	101	well as follows.	Date of enset
kind of SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc			hisknesses	
NOTE WITH A SAW WITH A SAW WITH A SAW MITH A	business In which				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
SAW MI	as done, as SILK MILL, ILL, BANK, etc				
O 10. Date decea	sed last worked at upation (month and	11. Total	time (years) ent In this		
year)		Oct	upetion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (c	city or town)	fler	nevelle		
(State or cou	untry)	h	zeli		
13. NAME	uma l	i. Ed	lana		
13. NAME 14. BIRTHPLAC	E (city or town)	Tre y	Klamb	Name of operation Dete of	
(Stata o	or country) .	m	di	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN N.	AME Cather	2	delign	23. If daeth was due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN N.	E (city or town)	Chimans	- VOZE	Accident, suicide, or homicide? Date of Injury	, 19
≥ (State o	or country)	me	l,	Where did injury occur?	
17. INFORMANT	do .	Q. 5-1	P	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
(Address)	Lend	Renie	Mll		
18. BURIAL, CREMA	TION, OR REMOVAL			Manner of injury	
Placa Lon	of Kmare	Dete /	2 - ,193/	- Nature of Injury	
	1	10 9	1.0	24. Wes diseese or injury In any way related to occupation of deceesed?	
19. UNDERTAKER _ (Address)	1200	A CO	will	If so, specify	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	37/	40 R/-	adaba	(Signed) In August	мг
20, FILED	4 7, 190/	14 42	Registrar.	(Address) Maya	rel
	16	a blanks are morded		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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Example I			Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 7007	July 5, 1927	Peritonitis	3 days ago
	HIMPAULV. S.	and of the same		
Other contributory ca	auses of importance:	- 18	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

# STATE OF MARYLAND

CERTIFICATE OF DEATH
Registration Dist. No. 106
St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
MEDICAL CERTIFICATE OF DEATH
DEATH (Month) (Day) (Year)
HEREBY CERTIFY, That I attended the deceased from
when haralive on from 10, 198 18
h occured on the date stated above, at \$1370 m.
erol Esoplegy
Les, C. Be'charle M. D. 2.137 (Address) Marbury and
the Discase Causing Death, or, in deaths from the state (1) Means of Injury and (2) whether Suicidal or Homicidal.
OF RESIDENCE (For Hospitals, Institutions, Trans- cent Residents)
In the State yrs mos ds.
eace contracted,
BURIAL OR REMOVAL DATE OF BURIAL
utore 1/a Jan 13. 1937.
KER ADDRESS

I F

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," 'Manager," ('Deal-Spinner, should be used only when needed. As examples: (c) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons em ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. mun, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia. Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepsis (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease (secondary or intercurrent) carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage cough; Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. classified ....Ward) (If death occurred in a hospital or instituproperly classof certificate. tion, give its NAME Instend of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED, OR DIVORCED pino may n ba (Write the word) 17 TIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h .....alive on ...... 192 hai and that death occured on the date stated above, et ...... 7 AGE If LESS than I day hrs. min.? tor B OCCUPATION (a) I rade, profession or lain t. S. particular kind of work pla nt. (b) General nature of industry " (Burstion) no more obtain business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary EAT (State or country) 0 10 NAME OF 0 11 BIRTHPLACE ENTS \*State the Disrase Causing Death, of in deaths from Violent Caus s, state (1) Means of Injury and (2) whether CAUSI (State or country Accidental, Suicidal or Homicidal, C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 cup/ ients or Recent Residents) state 13 BIRTHPLACE In the At place OF MOTHER State. yis.....ds. 7 Where was disease contracted, if not at place of death?... Former or Every it CIANS stateme If more b.anks are needed, address State Registrar, Ab W. Saratoga St., Balto., Requesting V. S. Ko. 1.

MARGI

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* laborer, Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc whatever, write None. Housemaid, etc. If the occupation has been changed Physician, " etc., without more precise specification as Day first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Compositor, Architect, Locomotive engineer Wom-

Statement of Cause of Death—Name, first, the pig-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninatis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,"

> leanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be acoident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," dc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Carcinoma, Sarcoma,, etc. The contributory valvular heart disease; etc., of

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House laborer, er," etc., worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Laborer-Coal mine, etc. Womnot gainfully em-

1937

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Inbor pneumonia. Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ef . . . . . . . (name origin; "Cancer" is less definite; avoid succident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis cardelic acid-probably suncide. The nature of the injury of as probably such, if impossible to determine definitely. and Taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

Every item of infor-

of OCCUPA-

Exact statement

properly classified.

so that it may

CAUSE OF DEATH in plain terms,

RGIN RESERVED should be supplied. mation should be carefully B.-WRITE PL.

V. S. No. 1

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County Charles	Registration Dist. No. / O	5-
10/12/1		
Village or City Confeet	NoSt., If death occurred in a hospital or institutioo, give its NAME instead of street and	Ward
	os ds. How long in U. S. if of foreign birth?yrs	
2. FULL NAME Catherine Pichre		
2. TOLE MAINE		
(a) Residence: No. (Usual place of abode)	St.,Ward.	10.
PERSONAL AND STATISTICAL PARTICULARS	If conresident give city or town and	d State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Tembe White OR DIVORCED (write the word)	January 5	103 7
5a. If marriad, widowed, or divorced	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended	daceased from
(OI) WIFE OS	December 27 1037 to January	5 10 37
B. DATE OF BIRTH (month, day, and year) hand 24, 1927	I last saw h. C. C. alive on January 7 1637	double said
7. AGE Years Months Days If LESS than	to have occurred on the data state spove, at ATAm.	, daatii is said
( ) 1 day,hrs		
8. Trada, profassion, or particular	were as follows:	Date of onset
kind of work done, as SPINNER,	() securiones	0215 19
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacaasad last workad at this occuration (month and	( April )	
work was dona, as SILK MILL, SAW MILL, BANK, etc	Death due to lover proumones of Curs	R.
10. Date dacaasad last worked at   11. Total tima (years)	Typhoid fever ruled out, by water andy	is
this occupation (month and spant in this occupation	and serological tests.	-
	Other Coatributory Causes of Importance:	
12. BIRTHPLACE (city or town)  (Stata or country)	Mast ordello right	02 28,19
	- Henverhage telming	5. 193
13. NAME  14. BIRTHPLACE (city & Town)  (State or county)  (State or county)	John O	
14. BIRTHPLACE (city of town) - Charles County	Name of operation Date of	-
(State of Country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Lydia Pushiel	23. If daath was due to external causes (VIOL ENCE) fill in also the following	a.
16. BIRTHPLACE (city or town) Berry Capeles and	Accident, suicida, or homicida? Oate of Injury	_
E (State or country)	Where did injury occur?	, 17
FITTE ( Roch : Pich. 00)	(Specify city or town, county and Ste	te)
17. INFORMANT (Address)	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		
Place Waldof hel Oats Jan 6 193	Mannar of injury	
1/1	Nature of injury	
19. UNDERTAKER / tunt & Cylin	24. Was disease or injury In any way related to occupation of daceased?	NO
(Addrass) Walshop and	If so, specify	
20, FILED / 6 137 92, & M. SURY	(Signad) - rak a. Augan	7м. о.
Registrar	(Address) Indian Sead hel	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND\_CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
ATTETOSECTOSES	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis FEB 5 1937	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUDEAU V. S.				
Other contributory causes of importance:	4 1 2 1 1 2 2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

County County Registration Dist. No.    No.   No.   County Registration Dist. No.	St CI	1. PLACE OF DEATH	108
Village or City.  Ward  Langth of residence in city or town whete death occurred  Ward  Langth of residence in city or town whete death occurred  Ward  Langth of residence in city or town whete death occurred  Ward  Langth of residence in city or town whete death occurred  Ward  Langth of residence in city or town whete death occurred  Ward  Langth of residence in city or town and Scale  PERSONAL AND STATISTICAL PARTICULARS  A. COLOR off Acc  S. SINGLE MARKED, WIDOWLD  OR DAVORCE (Weight being)  See It married, widowed, or diverced  WILSBARD of WARD  WARD  WARD  Langth of residence in city or town and Scale  PERSONAL AND STATISTICAL PARTICULARS  A. COLOR off Acc  S. SINGLE MARKED, WIDOWLD  OR DAVORCE (Weight being)  See It married, widowed, or diverced  WILSBARD of WARD  Ward  Langth of residence in city or town and Scale  PERSONAL AND STATISTICAL PARTICULARS  See It married, widowed, or diverced  WILSBARD of WARD  Ward  Langth of residence in city or town and Scale  PERSONAL AND STATISTICAL PARTICULARS  See It married, widowed, or diverced  WILSBARD of WARD  Ward  Ward  Langth of residence in city or town and Scale  Ward  A. COLOR off Acc  It married, widowed, or diverced  WILSBARD of WARD  Ward  Ward  Ward  Langth of residence in city or town and Scale  Ward  Langth of residence in city or town and Scale  Ward  Langth of residence in city or town and Scale  Ward  Langth of residence in city or town and Scale  Ward  Langth of residence in city or town and Scale  Ward  Langth of residence in city or town and Scale  Ward  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city or town and Scale  Langth of residence in city o	185	County Chro	Registration Dist. No. 108
Langth of residence in city or lown where death occurred yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. if of feeting birth? yn most. 45. Now long in U. S. If of feeting birth? Yn most. 45.	-	Village or City the Tomalle Wed	
2. FULL NAME  (a) Residence: No.  (basisher of about)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF BACE  S. SINGLE MARRIED, WIDOWED,  OR BYOGED (write the word)  55. If married, widowed, or divorced  OR BYOGED (write the word)  56. If married, widowed, or divorced  OR BYOGED (write the word)  57. AGE  Bars  Moght  Days  If U.S.S. han  It uses than  I	0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR of PACE  5. SINCLE MARRID, WIDOWED  6. DATE OF DEATH  22. I HER EBY CERT IFY That I stynded decard from  (North) HIFE of Machine in which was and year and	I N	Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR of PACE  5. SINCLE MARRID, WIDOWED  6. DATE OF DEATH  22. I HER EBY CERT IFY That I stynded decard from  (North) HIFE of Machine in which was and year and	CIA	2. FULL NAME Taword Plale	<u> </u>
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR of PACE  5. SINCLE MARRID, WIDOWED  6. DATE OF DEATH  22. I HER EBY CERT IFY That I stynded decard from  (North) HIFE of Machine in which was and year and	SI		
3. SEX    COLOR OF PACE   S. SINGLE MARKED, WIDOWED   Sh. If married, widowed, or divorced HUSBAND of well of HUSBAND of Well o			
Sa. If married, widowed, or divorced  WISSAND OF BIRTH (month, day, and year)  Sa. DATE OF BIRTH (month, day, and year)  Sa. DATE OF BIRTH (month, day, and year)  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  Sa. Tade, pofession, or particular inition of work does as SPINNER, or min.  The PRINCIPAL CAUSE OF BEATH and related causes of importance were useful.  Sa. Will all as a spinner, or min.  Sa. Will, as a spinner, or min.  Sa. Mill, as a spinner, or min.  Sa. Mill, as a spinner, or min.  Sa. Will, as a spinner	Р		
So. If married, widowed, or divorced WUSBAND of Converting the Converting of Convertin	¥. ⊞		21. DATE OF DEATH
B DATE OF BIRTH (month, day, and year)  To A JOE  To BIRTH (month, day, and year)  To BIRTH (month, day, da	d L	Wedown	(Month) (Day) (Year)
B DATE OF BIRTH (month, day, and year)  To A JOE  To BIRTH (month, day, and year)  To BIRTH (month, day, da	C J iffe	HUSBAND of	22. O I HEREBY CERTIFY That I attended deceased from
The PRINCIPAL CAUSE OF BIRTH (month, day, and year)  7. AGE  Years  Your Share of Birth (month, day, and year)  7. AGE  Your Share of Birth (month, day, and year)  Your Share of Importance of Birth (and year)  Your Share of Importance of Import		(01) MIRE OF CHARLES	
Rind of work dome, as SPINNER.  SAWYER, BOOKEEPER, etc.  Industry or business in which work was done, as SILK MIHT.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and clother spant in this occupation)  (State or country)  11. Total time (yeers)  Spant in this occupation (month and clother spant in this occupation)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Date of (State or country)  What test confirmed diagnosis?  Was there an autopsy? (What test was due to extranel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  15. MAILL, CREMATI S. FOR THE COLL Face of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  (Address)  20. FILED  19.3 7		6. DATE OF BIRTH (month, day, and year)	Hast aw h we alive on the following death is said
Rind of work dome, as SPINNER.  SAWYER, BOOKEEPER, etc.  Industry or business in which work was done, as SILK MIHT.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and clother spant in this occupation)  (State or country)  11. Total time (yeers)  Spant in this occupation (month and clother spant in this occupation)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Date of (State or country)  What test confirmed diagnosis?  Was there an autopsy? (What test was due to extranel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  15. MAILL, CREMATI S. FOR THE COLL Face of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  (Address)  20. FILED  19.3 7	d erly cat	7. AGE Years Months Days If LESS than	to have occurred on the date states above, atm.
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The proof of the properties of		8. Trade profession or particular	Date of onset
The proof of the properties of		SAWYER, BOOKKEEPER, etc.	Holas Purinous 11/4/3
The proof of the properties of	uld iay ack	A. Industry or business in which work was done, as SILK MILLS	7779
The proof of the properties of		SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, GREMATICS ARE COLL Face Cell (Address)  18. BURIAL, GREMATICS ARE COLL Face Cell (Address)  20. FILED  21. BIRTHPLACE (city or town) (State or country)  22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER (Address)  20. FILED  21. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER (Address)  20. FILED  21. Was disease or injury  22. Was disease or injury  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	E + 0	this occupation (month and	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATICS ARRE  (Address)  20. FILED  19. UNDERTAKER  (Address)  10. FILED  12. BIRTHPLACE (city or town)  (State or country)  17. UNDERTAKER  (Address)  18. UNDERTAKER  (Address)  20. FILED  19. The state of country  (State or country)  (State or country)  (State or country)  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  17. Was disease or injury in any way related to occupation of deceased?  (Address)  20. FILED  (Address)	AG tha ons	your your and a second	Other Contributory Causes of importance:
Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? Leave the star of the star o	so		A DINA
Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? Leave the star of the star o	ied ns, stru	CI 13 NAME OF A PORT	The orbitally of ord agree
16. BIRTHPLACE (city or town)  (State or complete)  17. INFORMANT  (Address)  18. BURIAL, CREMATION FOR RECORD AND COLUMN Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  (Address)  20. FILED  (Address)	ppl tern in:	H 13. NAME PRIMA	Q
16. BIRTHPLACE (city or town)  (State or complete)  17. INFORMANT  (Address)  18. BURIAL, CREMATION FOR RECORD AND COLUMN Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  (Address)  20. FILED  (Address)	su in See	14. BIRTHPLACE (city or town)	
16. BIRTHPLACE (city or town)  (State or complete)  17. INFORMANT  (Address)  18. BURIAL, CREMATION FOR RECORD AND COLUMN Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  (Address)  20. FILED  (Address)	pla	(State of country)	What test confirmed diagnosis? Was there an autopsy?
17. INFORMANT  (Address)  18. BURIAL, CREMATIST FOR RESULT  Place NEW North Date   9   13   15   16   16   16   16   16   16   16	efu in ant	II 13. MAIDEN NAME COLLEGE SALVES	
17. INFORMANT  (Address)  18. BURIAL, CREMATIS: FOR RESULT Date 19 19 19 19 UNDERTAKER  (Address)  20. FILED 1/18. 19.3.7. Devur Saker  (Address)	car l'H ort	16. BIRTHPLACE (city or town)	
17. INFORMANT  (Address)  18. BURIAL, CREMATIST FOR RESULT  Place NEW North Date   9   13   15   16   16   16   16   16   16   16	be SA'	R-01 CA-0	(Specify city or town, county and State)
Place KEW Worthers Date of 13 Nature of injury  19. UNDERTAKER Clurch Oradi  (Address) Showle (a. A. 19.5) Seven for the control of the contr			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place KEW Worthers Date of 13 Nature of injury  19. UNDERTAKER Clurch Oradi  (Address) Showle (a. A. 19.5) Seven for the control of the contr	hou OF		M
20. FILED 1/18 , 1937 Deven Solker (Signed) To Cheepfeler M. D.  (Address) According to the Control of the Cont	S E . S	7/2 3/1 3/1	
20. FILED 1/18 , 1937 Deven Solker (Signed) to Cheepfeler M. D.  (Address) December (Address) December Level M. D.	tio US ON	50 0	
20. FILED 1/18, 1937 Deven Joseph (Signed) I V Chengliforder M.D. Registrar. (Address) Berghtorder cerd M.D.	CA		
20. FILED	1	A D D D	TATE -1. 121.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Onte of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 3 1931	July 5, 1927	Peritonitis	3 days ago
SUPERU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL  1. PLACE OF DEATH	OF MAR	YLAND—	CERTIFICATE OF DEATH	39!
County Charle	is		Registration Dist. No.	191
Village or City Reves	side	_	Np.	Ward
		(1	death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence in city or town whe	- 10		ds. Hew long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME WOOL	rpific	chaids	Con	
(a) Residence: No.	(Usual place		St., Ward.	
PERSONAL AND STATIS			If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3. SEX A 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
made Black		D (write the word)	(Month) (Day)	193 7 (Ygar)
5a. If married, widowed, or divorced HU3BAND of			22. I HEREBY CERTIFY, That I atten	district the second
(or) WIFE of			19 to	
6. DATE OF BIRTH (month, day, and year)	Jan 19	11/237		death is sald
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	, , , , , , , , , , , , , , , , , , , ,
	-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc			Premature	Date of onset
SAWYER, BDOKKEEPER, etc.				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			4	
O ID. Date deceased last worked at .	11. Total ti	ime (years)		
this occupation (month and year)	* spai	ntin this		
DIPTIPLACE COLOR	18/11) (	00	Other Cantributary Canses of Importance:	
12. BIRTHPLACE (city or town) (State or country)	71	d		
13. NAME allert	Picha	rdsan		
13. NAME CLOSE (Sity or town) CL	ad o	8	Marra of appraisa	
(State or country)	we	1	Name of operation Date of What test confirmed diagnosis? Was there	
15. MAIDEN NAME WOSelle	a Richa	crdson	23. If death was due to external causes (VIDLENCE) fill in also the folio	
15. MAIDEN NAME HOSSILL	arlis	Co,	Accident, suicide, or homicide? Date of injury	
State or country)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	id	Where did injury occur?	, 1
17. INFORMANT After A	awson		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1	VICE		
Place Och Usoo	Datolas	211 197	Manner of Injury	
loo id	P		Nature of Injury	
19. UNDERTAKER AUCUNE	· auso	51.1	24. Was disease or injury In any way related to occupation of deceased?	t
20. FILED OUR / , 1937 L	N Hor	MA Sor Registrar.	(Signed) (Address) Homes line	-
If mo	re blanks are needed, a		(Address)	VIII.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1937	July 5,1927	Peritonitis	3 days ago
Land of the second of the seco	REPORT V. S.	\$ 00 minutes		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY,

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0	63	ı	3
2	y	4	

1. PLACE OF DEATH	(22)
County Charles	Registration Dist. No. 161
Village or City Stiel Top.	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cits or town where death occurredmos	
2. FULL NAME CAMULE / Joss	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Was AWA house	22. I HEREBY CERTIFY, That I ettended deceased from
They gar and the	Age , 19 36 to fam , 1937
7. AGE Yeers Months Days If LESS than	I last saw h elive on 1936; death is sald
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to heve occurred on the date stated above, at
8. Trade, profession, or particular thind of work done as SPINNER P	were as follows: Date of one of Determinant Juberculise's Date of one of
kind of work done, as SPINNER, R. R. employle	
kind of work done, as SPINNER, R. R. employle  SAWYER, BOOKKEEPER, etc  9. industry or business in which work wes done, as SILK MILL, Slateon Folicement SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - (State or country)	
13. NAME Charles Pors,	
13. NAME Sharles Rose  14. BIRTHPLAGE (city or town) Soill Toke Mid  (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
I / 1/20/ H 1/1 Oc 1	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city of town) Will Staff & Mid-	Accident, suicide, or homicide?
17. INFORMANT Charles Ross,	(Specify city of town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, DR BEMOVAY	
Place Fill Jok. Bate Jan 6, 1987	Manner of injury
19. UNDERTAKER Llandy Perhang	24. Was disease or injury in any way related to occupation of deceased?
(Address) Piggal Md.	If so, specify
20. FILED Jan 5 1937	(Signer) Gev. C. Beckwell M.D.
(1 d die I Holden Registrar.	(Address) markers Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	marine [	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 578 6 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V 3			-
See the second s			1. 7
Other contributory causes of importance:		Other contributory causes of importance:	1. 4 %
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MADVI AND-CERTIFICATE OF DEATH

	A-te	STATE OF MARTLAND	CERTIFICATE OF DEATH
	state UPA-	1. PLACE OF DEATH	/2/1
~	of infor	County Charles	Registration Dist. Np. / W
M3	E 5/0	Q 01 7000	Np. St. Ward
000	short of O	Village or City 1 Julian usery // (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	200	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
100	RD. Every YSICIANS statement	2. FULL NAME agnes alois Smith	L. If U. S. Veteran, specify WAR
			1d St., Ward.
-	and .	(Usual place of above)	If nonresident give city or town and State
(83)	PH pr	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N	RECO. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Marc		Foundle Col OR DIVORCED (write the word)	(Month) (Day) (Year)
5	T L Y	5a. If married, widowed, or divorced	(right) (bay) (rear)
BINDIN	ANEN ACTI ssified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
H	X A A class	0 - 0-1	, 19, to, 19,
BI	-	6. DATE OF BIRTH (month, day, and year) (ug /3 / 930	I last saw h alive on death is said
	P d erl	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
FOR	IS A PE stated E properly certificate	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1	sta sta pro	8. Trade, profession, or particular	Date of other
S	HIS be be of	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	No physician - This child
Z		9. Industry or business in which work was done, as SILK MILL.	had been visited by the
E E		work was done, as SILK MILL, SAW MILL, BANK, etc.	County nurse: mother
23	Hanso		of this child has fues"
RESERVED	- CO DO	year) occupation	Other Contributory Causes of importance:
	ADING d. AG s, so th	12. BIRTHPLACE (city or town) Saltenger Hospitel	
RGIN	ed.	(State or country) Washington 186,	This Child - death was
4	UNFA upplied terms, e instru	13. NAME Charles Smith	probably due to Lues"
	H UNFAI supplied. in terms, See instru	13. NAME Charles Smith  14. BIRTHPLACE (city or town). Charles Cr	Name of operation
	- 70	(State or country)	What test confirmed diagnosis? Was there an autopsy?
	WITH efully in plain	15. MAIDEN NAME (LICE Short CA)  16. BIRTHPLACE (city or town) Charleg Cr  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
	1	16, BIRTHPLACE (city or town) Charles Cu	Accident, suicide, or homicide? Date of injury19
	d be cal	(State or country) MQ-	Where did injury occur?
		Pliel Shorter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	PLA hould OF D	17. INFORMANT (Address) Bellingsly Mid	
	E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place on the mode tan - 10, 1936	Nature of injury
	-WRITE mation sl CAUSE TION is	Joseph Mond (acting)	24. Was disease or injury in any way related to occupation of deceased?
1.1	CC	19. UNDERTAKER (Address) Pombet Manytand	If so, specify
S. No. 1	m C	10 34 1 DC : M2 10.	(Signed) Lillian Vosly M.D.
>. N	ż	20. FILED COM. 10, 1921 August and Progression.	(Address) La Pleta Ma-
		Registra.	///

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF BEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	(57) Registration Dist. No. 102
Village or Cit Maryland Com	St: Ward) (If death occurred in a hospital or Institution, give its NAME it
2 FULL NAME John Candol	bh Jibbs stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male dolored (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 U HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Premature Birth
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or coopery) and les Ob And	Short Coas De to Commence
10 NAME OF Station Tubbs	(Signed) John & Many My Parky Rymy Park
II BIRTHPLACE	192 (Address) A measure fraction
OF FATHER (State or country Musiks Ro 344	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / late Marbiny	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residenta)
OF MOTHER (State or Country Churches & Tud	At place of death yra mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Stafford Jubbs	Former or usual residence
(Address Medyland Point-	Out Inva Control of Burial
15 File Jenne my 15 Th 737 John J. Mulder Rogistras	Albert-Tolson Riverside Youll
If more blanks are needed, address ttate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

201

(Approved by U. S. Census and American Public Health Association.)

thred 6 yrs). For persons who have no occupation ·business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servont, Cook Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (c) Foreman, (b) Automobile factory. The materia fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH er," etc., without more precise specimeaning as any laborer, Farm loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on

EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e.g., sepsis, gaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, or as probably such, if impossible to determine definitely. Tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart discose; Chronic interstitiol nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the corbolic ocid-probably suicide. The n ture of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJULY unqualified, is indefinite); Tuberculosis of lungs, men-American Mcdical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	item	sho	Jo	
	very	ANS	nent	
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	NFA	pplied	erms,	TION is very important. See instructions on back of certificate.
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	B.			
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1. PLACE OF DEATH		<u> </u>	017
County Charle	3A	Registration Dist. No. 166	
Village or City Tuella	Head	NoSt., _	Ward
Length of residence in city or town where death o			
2. FULL NAME Still to	ven fro E.	Jeavens.	
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended decea	sed from
(OI) WIFE OI		to	
5. DATE OF BIRTH (month, day, and year)	mary 10, 1937	I last saw h alive on; dea	th is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, at 6 4 m.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		A B A	
SAWYER, BOOKKEEPER, etc.		( months / henoline)	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Agal	Other Contributory Causes of Importance:	
(State or country)	4.		
13. NAME 14. BIRTHPLACE (city or town)	and havers.		
14, BIRTHPLACE (city or town)	wholey hel	Name of operation Date of	
(State or country)	1	What test confirmed diagnosis? Was there en autops	y?
15. MAIDEN NAME Hannah	Stelling	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Sounds  16. BIRTHPLACE (city or town)	my mel	Accident, suicide, or homicide? Date of injury	19
E (State or country)	1	Where did injury occur?	
17. INFORMANT Total (Address)	tel has	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	e // ,1937	Manner of injury	
Place Da	, 19.7.	Nature of injury	,
19. UNDERTAKER	<i>V</i>	24. Was disease or injury in any way related to occupation of deceased?	2
(Address)	0	If so, specify	
20. FILED Jan. 10, 1937 7.8	Decrevire Ton Registrar.	(Signed) Labora Head	M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
County (has Co.	Registration Dist. No. 105
Village or City White Plan	
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Neward H. L.	Villett
(a) Residence: No. White Plann	Mad, Ward.
(Usual place olypode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Cer)
5a. If married, widowed, or divorced	(month) (Day) (Teer)
HUSBAND of (or) WIFE of	22. 1. I HEREBY CERTIFY, Thet I attended deceased from
m+1-1971	19 J 4 , to fam , 19 ]
6. DATE OF BIRTH (month, day, and year) UM, 60 / 8//	I last saw han alive on Jan 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date dated above, atm.
65 3 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	a Acule bouldes
SAWYER, BODKKEEPER, etc.	Jean Lay but lin
9. Industry or business in which work was done, as SILK MILL,	arem of distly Other
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	valingan hont
this occupation (month end spant in this occupation occupation	fullen from gund
211	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	mitting Vil laking
	trater our I will
13. NAME I Chord HI Willes	rugille kist () )
4. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME / Moulgney	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Melvina A. Mortguer  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Wresh Willett (Hous M.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place first Date /	Nature of injury
19. UNDERTAKER Strutt & Kam (Address) Walders	24. Was disease or Injury in any way related to occupation of deceased?
(nucless)	If so, specify
20. FILED / 192 / 1. 1. 11 Con reste	(Signed) M. D.
Registrar.	(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FER 5 3007	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

No

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PARENTS

15

(State or country)

13 BIRTHPLACE OF MOTHER (State or Country)

(Informant

PLACE	OF DEAT	Н	best.		
County Le	Short	res	POOT CO'S POWERAGE		
illage or City	Brya	us Ros	el (No.		
²FUL	L NAME	Sau	us -8	Edd	ie
	AL AND S				
nale	4 COLOR O	K KACL	5 SINGLE, MARRIED WIDOWEI OR DIVOI (Write the	CED	
DATE OF BIRT	гн				
	***************************************	(Month)	27 (Da)	, v)	13 % (Year)
AGE	yrs.	2	nos.//.	11.0	LESS than
occupation (a) Trade, proparticular kind	ofession or		X		
(b) General na business, or es which employe	tablishment	in		u.	····
BIRTHPLACE (State or cou	ntry) Cha	o les	, me	d-	
10 NAME OF	Jaron !	€ 60	much	en	<u> </u>
11 BIRTHPL	ER .	3 /			

# STATE OF MARYLAND CERTIFICATE OF DEATH

39

Registration Dist. No.

Wurdsor Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	
/-	16, 1987.
(Month)	
17 I HEREBY CERTIFY, That I atte	
that I last saw handlive on	6 , 193. 2,
and that death occurred on the date stated	bove, at 8. 15 Pm.
The CAUSE OF DEATH * was as follows:	
Seallera	
	.,
	/ .
(Duration)	
Contributory	
	yrsds.
(Signed). ERQues	M. D.
1/17 198 7(Address) Vanu	entay mil
*State the Discase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary and (2) Whether
18 LENGTH OF RESIDENCE (For Hospita	als, Institutions, Trans-
ients or Recent Residents)	
	yrsmosds.
Where was disease contracted, if not at place of dea.h?	
Former or usuel residence	*****
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Tiscalaway	1-18,193
20 UNDERTAKER	ADDRESS IN A
A west of Cyon &	vacar of

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Belto., Requ

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook en at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Luborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman. duties of the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEARY CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septieacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart diseasc etc. The contributory Nomenclature of the Measles ;

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